Exceptional CHILDREN

JOURNAL OF THE INTERNATIONAL COUNCIL FOR EXCEPTIONAL CHILDREN

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December 1952

VOL. 19 No. 3

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Exceptional CHILDREN

JOURNAL OF THE INTERNATIONAL COUNCIL FOR EXCEPTIONAL CHILDREN

The Council is a Department of the National Education Association of the United States
1201 16th St. N. W., Washington 6, D. C., U. S. A.

ICEC DIVISIONS: Council on Teacher Education; Council of Administrators, Supervisors, and Coordinators of Special Education Programs of Local School Districts

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MANUSCRIPTS for publication and books for review should be sent to the editor; news items to the assistant to the editor. See respective addresses above.

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LIBRARY AND ORGANIZATION RATES for Exceptional Children only, without membership, $3 per year. Obtainable direct or thru the NEA Library Subscription Plan.

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The PRESIDENT'S MESSAGE

New Horizons in Teacher Preparation

ONE of the most significant single pieces of research regarding the education of exceptional children is that now being undertaken through the United States Office of Education section on exceptional children and youth. In 1951 the Association for the Aid of Crippled Children, Incorporated, of New York City, of which Leonard W. Mayo is director, provided a grant of $25,500 for a study of the qualifications and preparation of teachers of exceptional children. This study is being made through the Office of Education and is being directed by Romaine Mackie. She is counseled by two committees: one is an Office of Education policy committee [1] composed of members from various divisions of the Office of Education, and the other is a national committee [1] composed of individuals engaged in educational programs for exceptional children. It is the function of this committee to help identify the problems, to assist in developing the design of the study, to suggest people who should participate and to otherwise work with the director in carrying the project forward. Harley Z. Wooden, our executive secretary, is an ex officio member of both committees.

As one examines the certification requirements of the several states which certify personnel engaged in teaching exceptional children, one is immediately attracted to the diversity of minimal requirements. Certain states have exceedingly meager basic requirements; others have very extensive requirements. Some states require the acquisition of a basic certificate in elementary education; others do not. Some states require teaching experience; others integrate the special educational collegiate training within the undergraduate degree. The extent of variability in standards among the states is impressive.

In view of the close relationship between state certification standards and teacher preparation programs, there also will be noted marked fluctuation in breadth and depth of curricula for prospective teachers of exceptional children in institutions of higher education. Although there is an attempt on the part of many educators in colleges and universities to establish collegiate programs on higher minimums than those required by state education departments, nevertheless great differences exist between college programs in one section of the country and another.

One of the reasons for the disparity which presently exists in both certification regulations and in college curricula lies in the fact that all too frequently such regulations and curricula are developed on the basis of what people *think* the basic program for a given type of teacher should be. Never, in the knowledge of this writer, has anyone formally examined what competencies are actually needed by a teacher of exceptional children, nor have such teachers ever been asked to indicate that which they professionally need in their daily contacts with ex-

[1] For list of committee members see *Exceptional Children*, March 1952, p. 186.

ceptional children. Curricula heretofore are the results of external judgments, and frequently may not include for new teachers that which is most appropriate to their needs.

The Study of the Qualifications and Preparation of Teachers of Exceptional Children is exceedingly important in several ways. First, it will seek to find, through the medium of serious thought by highly trained specialists, what competencies are needed by teachers of the deaf, of the blind, of the crippled children, of those with speech impairments, and so on throughout the gamut of exceptional children. Further, it will seek to find, through the medium of teachers themselves, those skills and competencies which the teachers of the several types of exceptional children feel are basic to the best educational programs for such children. Upon the recommendation of the national committee the study is being extended from that originally conceived to include three additional educational groups. The approach described above is also being applied to the competencies of state directors and supervisiors of special education, local directors and supervisors of special education programs, and to personnel of colleges and universities engaged in teacher preparation programs for special education. The study is further important in that it will provide to educators at all levels and in all states a common understanding of the professional needs of all groups of persons engaged in this important undertaking. It is possible to envision, not national uniformity of training programs and certification standards, but certainly greater unanimity and realism in minimal programs and requirements. It is certainly within the realm of possibility that curricula in teacher education institutions can be developed more logically and in greater harmony with a need as it actually exists than is now true.

The director of the research and the national committee have developed the study in such a way as to involve large numbers of persons. That is absolutely necessary if a complete picture of this problem is to be obtained. At least 100 teachers in each of 10 areas of special education will be asked to cooperate. Already competency committees have been established in 13 different areas. State and local directors and supervisors together with college personnel will individually be requested to cooperate in completing the study.

The study is of such importance from the point of view of this writer as to warrant devoting this space to it. In the present and in the immediate future nearly 2000 educators in the United States who are in some measure serving the needs of exceptional children will receive from the Office of Education lengthy questionnaires. These questionnaires have been developed following much extended discussion by members of the Office of Education staff, the national committee, and representatives of agencies and professional associations. The forms have been pretested and evaluated by numerous persons in special education.

The inquiry forms contain requests for information of several types. There are questions which relate to present status information. There are questions which ask for the opinions of the cooperating educator. Questions of an idealistic nature are included to try to determine optimum programs of teacher preparation. The point being made is that each question in the forms is there because it is felt that answers

to it will add a bit more useful information upon which better educational programs for future teachers of exceptional children can be based.

No survey study of this nature is of value unless each cooperating member of the study completes his part in full. The extensive forms will require time and thought from those educators who are asked to cooperate in filling them out. It is, however, a privilege to be a part of a study as important to the future of professional education as is that now under way. To the 2000 educators who are participating in some measure, we should urge thoughtful, complete, and exhaustive answers to items contained in your questionnaires. The promptness of your replies will in large measure insure the success of the study.

During the succeeding years there should appear in the literature of professional education a series of statements based upon the study which should markedly strengthen the profession and thus make possible better services to exceptional children. College and university administrators should more freely understand the type of training needed by their professorial staffs in special education fields. Commissioners of education should have greater insight into the professional characteristics and training required of state consultants and central office staffs. Local superintendents should have a guide which will assist them in the selection of leaders in special education. College and university personnel should be able to expect concrete assistance from the findings of the study in the development of more realistic curricula for the many facets of teacher preparation in special education. As an end result, exceptional children throughout the nation should have more adequately prepared teachers, should receive better teaching, and have more inclusive school experiences. Thus, such children will be able to assume a position in society which is more nearly in keeping with their abilities as citizens. The fullness of the cooperation which the profession now gives the study will work to insure the hopeful future which we have sketched briefly in this paragraph.

—WILLIAM M. CRUICKSHANK

PRAYER FOR THE TEACHER

Blessed Lord, who for our sakes became an exceptional child; and who by thy childhood did hallow all our life; who shared our growing up, with its pain and its fear and its great joy; who, having been a child, did tell us that in children is to be found the stuff of which thy kingdom is made; look down in thy understanding upon all who work with children. Raise up workers who know that every child is exceptional in thy sight. Save our schools from those who have a lesser understanding than this. Teach those who teach, Blessed Lord, that regard for thee is the beginning of wisdom, and so let those who teach learn true knowledge from thee, that our little ones, each in his own exceptional way, may find thee as the answer to their needs, and the goal of all their growth, Who didst say, "Suffer the little children to come unto me."

—REV. THEODORE YARDLEY, *at the Omaha Convention*

The Christmas Candle

MARIE STUART

This Christmas story dramatically illustrates that guidance of the exceptional child into a full and useful life requires inspiration as well as knowledge and skills

I REPLACED the receiver with misgivings. How could I help a blind Greek woman with her studies when I knew neither Greek nor braille? Yet this is what I had just agreed to do. I had been informed that a Miss Kanelli had recently arrived from Athens with a United Nations fellowship to study the education and welfare of the blind in Great Britain, and please would I go to the Royal School for the Blind to meet her.

It was a bleak night with an icy wind blowing and slippery as glass underfoot. It was my first visit to the Blind School, a large Victorian building with long, dimly lit corridors smelling strongly of disinfectant. As I stood hesitant in the entrance hall a nurse bustled up and ushered me into a little sitting-room, apologizing for its littered appearance with the explanation: "We're preparing for the Christmas concert." To tell the truth, the sight of the paper chains in colored heaps on the floor, the lanterns and cotton-wool "snow" put me at ease, reminding me of my teaching days and reviving memories of lusty carol-singing and the buoyant high spirits of young children at Christmas-time.

The door opened and Miss Kanelli came in. She was young, not more than 22, dark, and pretty. Somehow I had expected the holder of a United Nations fellowship to be a rather intimidating intellectual, hence my trepidation at meeting her. How stupid I had been! She advanced straight towards me, and I was impressed by her erect carriage and lightness of step. One hand was at her side, the fingers slightly extended to anticipate obstacles, the other held out in greeting to me. As our hands met her face lit up in a radiant smile.

"So you are Miss Kanelli! Now that I see you I think it was worth turning out into the cold to meet you."

She laughed. "Please call me Koula. My friends always do." She spoke haltingly and I slowed up my own speech accordingly. In answer to my questions she told me that she had flown to England, that she had traveled alone, she knew no one in this country and she was the first blind student to come to England from Greece. She glowed with the spirit of adventure—and yet she was totally blind!

"Weren't your parents afraid for you?" I asked.

"They are used to me by now," she answered smiling. "My mother always says 'Koula will do what she *wants* to do.' And I wanted to come."

"Why?"

A reminiscent look came into her

• KOULA KANELLI studied facilities for the blind in Britain and passed the examination of the College of Teachers of the Blind, with the aid of MARIE STUART. She has returned to Greece, and is teaching in Salonika.

face. "That's quite a story," she replied. "I've dreamed of it for about eight years, ever since I was 14 and now here I am!" She looked as if she must pinch herself to make sure that she was awake.

And then she told me of a certain New Year's Eve at a school in Athens. It was during the war and it had been a bad winter. To make matters worse they had no coal. The children wore their outdoor coats in class and Koula wore gloves as her fingers got cramped with writing braille and were covered with chilblains. It was a boarding school as all of the children had lost their homes in the war. Koula's parents had lost everything.

"They came and took away the furniture piece by piece to try to make my mother tell where my father was. She told them she did not know, but he was in hiding. When he went away to fight he thought at least we would have enough to eat because we kept a grocery store. But they took everything away. My mother cried when they carried the piano out."

"What did you do then?"

"My mother took my two little sisters to Salonika, we had relations there. I went to Athens. We knew my father was there under arrest. I went to the authorities and pretended that I was alone in the world. It is the only time I have ever used my blindness in that way to get help," she blushed at the memory. "They were sorry for me and my father was released. I looked after him. I did the shopping and cooked for us. He was working for the underground movement."

She told this simply, without boasting, as if it were the most everyday thing in the world.

"Once I remember," she spoke whimsically, "he gave me his coat to mend. I said that I was tired and that it hurt my eyes to look at it. He said in surprise: 'But you do not need to look at it, so how can it make your eyes tired? Perhaps - - -." My poor father could not bear me to be blind. He was always trying to persuade himself and me that perhaps I could see after all."

It is true that by looking at her one found it hard to believe that she could not see. This was because she used her eyes as a sighted person, moving them and blinking them. She had never lost the habit of looking at things as if she saw them.

"How did you become blind, Koula?" I asked.

"I had an accident when I was seven years old. I banged my head and there was much bleeding. At first I could see a little. They operated to try to put it right. My father used to take me to the hospital. He fainted once, I remember. He used to be amazed that I could be so brave. But now I cannot stand pain any more. That's a queer thing, isn't it? And another queer thing is that I cannot remember how I really felt at the time when I was losing my sight. Each day it grew less and I could not believe that it would get worse, but it did. And then, one day, there was the shock of realizing that I could not see at all. I used to beat my head and tell my mother I would rather a thousand times be insane than blind. She used to beg me not to talk like that. But now it doesn't seem as if that person was really me. I can't feel it any more as I did then. I wish I could, because then I could perhaps help others better who are going through the same experience."

"I suppose you went to a school for blind children, then?" I asked her.

"No. There are no special schools for blind children in Greece. At least there were none when I was a child. There are one or two now where they teach braille and simple crafts like knitting, basket and brush making. But there are no grammar or high schools for the blind. They have to do the best they can to keep up with the others. It is not easy, as I know from my own experience in the school I was telling you about."

"Oh yes, we've come a long way from that."

She smiled, and continued: "On the occasion that I was telling you about we had been put to bed as usual but they wakened us just before midnight to come down to see the Christmas tree. It is the custom to give presents then and the school had received some gifts from the Red Cross. We had had such an awful winter; no heat, as I told you, and barely enough to eat. We fared better in our school than they did outside. Many people starved."

"And the New Year's Eve, what happened then?"

"They told us to make a circle round the Christmas tree and at midnight we were each to light a candle and make a wish. The others were excited and crowded round and somehow I got left outside. Anyway I didn't care much. I had nothing to wish for. I knew then that I should never be able to see again. I kept thinking of all the blind beggars I used to see when I was a little child; they held out a cup and people dropped coins in it. There was nothing else for them to do unless they had a home. I had no home. My parents had nothing. My mother had enough troubles with my two little sisters and I did not want to be a burden to her. It was dark, very dark. I had no hope," she remembered.

"And then," she continued, "one of the teachers came over to me and whispered in my ear: 'What will you wish, Koula?' She was a new teacher and we all loved her. She was an American who had been trained at Perkins Institution. By some sort of a miracle she had come to our school to teach. It was she who was teaching me braille. She was young and enthusiastic and full of ideas, and the headmistress who was an old-fashioned and self-important was jealous of her and made things hard for her. But we loved her. So when she asked me what I was going to wish, I said: 'Nothing. There is nothing left.'

"She put her arm round my shoulder. 'Listen,' she said, 'you must not talk like that. The world is a wonderful place, full of all sorts of thrilling things. You must wish that some day you will travel—perhaps to America. All countries are not like this, they are not all poor. In my country, for instance, the blind get marvelous opportunities; they go to special schools and some of them become lawyers, or preachers, or school teachers. They do not have to beg. They are taught how to support themselves by their own work. One day you will go out into the world and learn about the more fortunate countries and then come back to Greece and help to make it happen here too. You can do this if you have the *will*. This is what you must wish, Koula.'

"She put the taper in my hand and led me towards the tree. 'Light the candle, child, and wish,' she said.

"I wished...and that is how I happen to be here today."

Her face shone with the inner radiance of the candle which had been lighted within her—never to go out.

What is SPECIAL *about special education?*

Edited by DARREL J. MASE

THE Journal presents with this article the first of a series devoted to some of the features of special education which distinguish it from regular education. The articles were prepared under the general supervision of Darrel J. Mase, coordinator of the Florida Center of Clinical Services, University of Florida, Gainesville. Each article has been prepared by a specialist.

Special education as applied through the services provided by residential schools is well over a century old in the United States. The day school movement which is now well developed in a majority of the states is primarily a product of the present century. Thousands of children are receiving special instruction through these two services. Special education as represented by both of these programs is a part of a large public school movement to provide education for all American youth.

In order that the education of the handicapped might have recognition and status there has been a tendency to over-emphasize the ways in which it differs from regular education. Fundamentally, special education techniques are the result of the application of the principles of adaptation of instruction and services to the individual needs of pupils. This principle is basic in all education but when applied to the handicapped and the gifted results in some marked differences in (1) teaching techniques, (2) curriculum adjustments, and (3) special therapeutic services. These adaptations spring primarily from the special problems associated with serving children who vary markedly in mental capacities, in sensory capacities, and in motor abilities. Most of these problems of adaptation are found to a certain degree with so-called normal children. They are, however, intensified in and more universally associated with, exceptional children.

It is widely recognized that the *general* education objectives are applicable to exceptional children. For example, the general objective of *economic security* is appropriate for retarded children, gifted children, and crippled children. The degree of attainment of this general objective will vary considerably from that of normal children. The retarded adult may be able to obtain only marginal security for himself while the gifted adult may obtain maximum security for himself, his family, and make notable contributions to the economic needs of the general welfare.

The deaf child and the retarded child may obtain a minimum efficiency in communication as a part of the general goal of *social efficiency*. The retarded child's attainment is reduced by his capacity to learn while the deaf child is limited by his lack of opportunity to learn from oral imitation.

Successful teachers of exceptional

children are obligated to employ a clinical approach to the study of children. Such children present learning difficulties, sensory and motor impairments which require careful study in order to adapt instruction successfully. Furthermore, teachers of exceptional children are called upon to integrate professional information from psychology, education, and medicine into working hypothesis for instruction and therapeutic services. Consequently, special education as applied to each type of exceptional child has developed some rather distinctive techniques and materials which distinguish it from regular education. It is hoped that this article and those that follow will pin-point some of these unique features.

F. E. LORD, *Editor.*

THE CHILD WHO IS BLIND

BERTHOLD LOWENFELD

IN THE attempt to answer the question what is "special" in the education of the blind, or in other words what distinguishes educational methods and facilities for the blind from those regularly offered, we must try to find a point of departure which will permit us to define the issue. I propose that we accept for this purpose the following formulation of the aim of education of blind children which I have given in an article "Psychological Foundation of Special Methods in Teaching Blind Children" (4., p. 89) *Education must aim at giving the blind child a knowledge of the realities around him, the confidence to cope with these realities, and the feeling that he is recognized and accepted as an individual in his own right.* This formulation contains three interrelated factors: Knowledge of the realities of the world we live in is given to the blind child through the application of special methods in his teachings; the confidence to cope with these realities deals with an emotional factor that needs special consideration due to the child's blindness; and recognition and acceptance as an individual in his own right deals with the blind child's social position, which depends upon his own sociability as well as on the readiness and willingness of his environment to accept him.

Our inquiry will, therefore, concern itself with the areas in which the blind child needs special consideration: first the methodology of the education of the blind, and second the emotional problems caused by blindness and by the specific social atmosphere which blindness creates in the blind child and his environment. Part three will review the educational facilities and attempt to determine their place in meeting the essential needs of the blind child.

Special Methodology of the Education of the Blind:

Adaptation of Learning Tools

Methods in the education of blind children are determined by the needs of the blind child. Obviously, lack of sight necessitates certain adaptations

• BERTHOLD LOWENFELD is superintendent of the California School for the Blind.

in equipment and skills, particularly in the so-called tool subjects. Some standard procedures in this area are: braille reading and writing, the latter with stylus and slate or with a mechanical braille writer; typewriting, preferably from the third or fourth grade on; Talking Book use, as a supplementary reading medium to compensate somewhat for the slowness of braille reading; mental number work and use of an arithmetic slate as well as braille for computation; diagram drawings and use of solid, plane, and wire forms in geometry; maps either embossed or in relief for the teaching of geography. In the study of the sciences demonstrations and material must appeal to the senses of touch, hearing, or smell if they are to be meaningful to the blind student.

The special value of modeling as a creative activity and of drawing and painting for those children with sufficient visual residues (5, p. 358-372) is gaining increased recognition. Dramatic art activities, from dramatizing of a fairy tale to the staging of a full length play, offer special opportunities for the correction of undesirable habits of posture, of standing and walking, of speaking, and various behavior patterns. Music is the art most widely associated with blindness although there is no reason at all for the common belief that blind children are more musical than others. The learning of all instrument playing demands much greater effort of the blind musician. He must read the braille score with his fingers and thus cannot use them in playing his instrument. Therefore he must rely upon his memory in practicing as well as in performing. In spite of this, music is recognized as perhaps the most important art activity of the blind even if its vocational application should be encouraged only for those with exceptional talent.

Handicrafts have made their place in the education of the blind and various skills are taught such as woodworking, metalworking, pottery, weaving, and basketry. Homemaking and household arts are stressed with blind girls. In addition to such prevocational training, blind students also must learn about actual working conditions and be prepared for the real demands of a job. Courses in practical living, in vocational information, and in machine and tool use are important for blind children who do not have as easy access to such information as seeing children.

Physical education and recreation are essential parts of a good school program. Calisthenics, gymnastics, tumbling, wrestling, skating, folk dancing, track and field sports, and swimming are some of the activities that need only slight adaptation. Hiking and camping are particularly enjoyed by blind youngsters and offer opportunities for the observation of nature and animal and plant life. Activities which can be carried on into adult life should be specially cultivated, though competitive sports have their own value in encouraging stamina and effort (1).

Special Methods

Important as the above outlined modifications are, special education of the blind must practice certain educational methods which are based on the psychological effects of blindness. The following five principles are essential parts of a special methodology (4):

Individualization. Modern education recognizes that each child is an individual and provides for individual differences by various administrative and instructional means. A severe

visual handicap adds a number of individual characteristics to those generally recognized. The degree of the visual defect, the cause of blindness, the age at onset of blindness, the eye condition, and any eye care required are some of the factors which must be considered in dealing with each child. In addition to them the blind child's home environment plays an all-important role during his preschool years and the teacher should consider its influence, past and present, on the child and his actions and reactions. It is for these and other reasons that classes for blind children should be kept small, six to eight pupils on the elementary level and up to about twelve later on.

Only about 40 per cent of the deaf-blind children in America are at present getting any education. A post ICEC convention meeting at Perkins Institution, April 13-15 will consider this problem.

Concreteness. Blind children react with all their senses to the stimuli received from their environment. But only through touch observation can they gain an actual knowledge of the objects surrounding them, of their shape, size, weight, hardness, surface qualities, pliability, and temperature. Hearing has its greatest value as a medium of social contact, as a source of descriptive information and as a sense-giving clue to the presence, location, or condition of objects. An actual knowledge of the object world and its spatial characteristics can only be gained through concrete tactual observation. This of course is not always possible and therefore models of objects are an important teaching aid. If objects are too large the models represent them in a contracted form; if objects are too small the models enlarge them. Observation in reality is, however, preferable because a replica or model is always in some way incomplete or distorting and the children must be made to understand this. Concreteness in teaching helps the blind child to avoid falling into a pattern of unreality and verbalism which may prevent his realistic awareness of the world and its social and economic demands upon him.

Unified Instruction. The lack of vision which serves as a unifying sense leaves the blind child at a serious disadvantage in experiencing things and situations in their totality. He gains many impressions by hearing, smelling, feeling air currents and temperature changes, and by touching objects or parts of them. These varied impressions need unification and structure in order to become meaningful experiences. The unit plan of instruction offers the best opportunity to practice this organization of experiences. It supplies blind children with information which they cannot gain by observation or by casual contact. Such units as the grocery store, the farm, the postoffice give blind children information which seeing children can be assumed to gain in the natural course of their growth.

Additional Stimulation. The teacher of blind children must provide them with opportunities for experiences which they cannot gain on their own. Study excursions, field trips, museum visits take the children to places where they gain actual knowledge of objects and situations. Museum loans, classroom visits of interesting people, radio programs, bring desirable experiences to the classroom. Preparation and follow-up work are essential parts of these activities. The most important element

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in increasing the blind child's ability to gain experiences, is his own ability to get about and secure stimulation by himself. How to learn his way in familiar and unfamiliar surroundings is a never-ending task that begins with the blind child's first steps. The necessary awareness of the environment and of changes in it needs cultivation from early childhood on. Later, during the school years, blind children should also learn about all other possible aids in getting about, such as guide-dogs, human assistance, and coping with all means of transportation. Exercises in mental orientation are an essential part of travel instruction. They start with a mapping out of the classroom and extend gradually to orientation in the community.

Self-activity. Blind children cannot learn by visual imitation the many actions and skills which come easily to seeing children. The blind infant, for instance, does not reach or crawl for objects because they do not attract him. He must learn by tactual observation certain actions and behavior patterns, which makes his learning somewhat slower and more difficult. Also, conforming with the group and its behavior demands cannot be learned by watching others and must be practiced under guidance. The basic patterns and sequences of development are the same for blind and seeing children but the blind child's rate of development may be slower, particularly in such areas as prehension, feeding, walking, talking, and socialization. Training and guidance must meet and encourage the development of his maturing functions. By learning to do as many things for himself as desirable and compatible with a soundly conceived time-economy, tendencies toward daydreaming, inactivity, and "blindisms" (awkward behavior patterns such as shaking the head rapidly) may be overcome.

Emotional Social Factors

Students of the psychological effects of blindness agree that blind children do not show emotional disturbances because of their blindness as such. However, since they grow up and live in a world geared to the needs and sensory equipment of seeing people, they are confronted with a great many difficulties which may cause more or less severe emotional disturbances. Special education must be aware of this problem and sensitive to the blind child's emotional reactions. It must help him to gain confidence in his own abilities in a world that is not designed for his sensory equipment. In discussing educational methods, Cutsforth (3, p. 202) states: "The problem that is facing the educators of the blind, whether they realize it or not, is the task of reshaping their training so that it will enable the blind to live in harmony with themselves and in mental and social comfort in the seeing society in which they must ultimately dwell." The seeing educator of blind children must make every effort to have his children experience the world through their own senses without imposing upon them the visual approach that dominates his own observations, experiences, and imagery. This, however,

should not create a different world for the blind child, but rather lead to a fuller utilization of those sensory aspects of objects and situations which he can experience with his own senses. Viktor Lowenfeld in applying this principle to art education of the blind says (5, p. 360): "But there remains the sad and depressing experience that the 'seeing taste' of physically normal 'educators' is determining the way of expression and production of the blind. It is time to realize that the most primitive creative work born in the mind of a blind person and produced with his own hands is of greater value than the most effective imitation."

The attitudes toward blindness in the social environment of the child, particularly the parents' reactions to him as a blind child, are of greatest importance. Sommers (8) distinguishes five types of parental reaction: acceptance of the child and his handicap, denial of the effects of the handicap, overprotectiveness, disguised rejection, and overt rejection. Teachers of blind children who, if they are sincerely interested in their work, cannot help but become emotionally attached to their pupils, are subject to the same reaction patterns as parents. The teachers also will be of greatest value to their children if they develop an attitude of acceptance of the child and his handicap, not denying its influence but recognizing it and adapting their methods to it; not over-protecting the child but giving him the experiences which he needs and should have in order to be prepared for independent life; and certainly not rejecting him either in disguised or overt form. If a teacher should have negative feelings about blind children or working with them—and personal experiences may explain such feelings—he should for his own and his pupils' sakes, leave this special field.

Special Facilities for the Education of Blind Children:

Residential Schools

Following the pattern established by the first school for blind children in Paris, in 1785, the educational provisions for blind children in the United States took the form of residential schools. At present about 85 per cent of all blind children of school age receiving special education, are attending residential schools for the blind, most of which are state supported. At these schools the blind child follows grade by grade about the same courses of study which are followed in the public schools with some or all of the changes in methods previously outlined. There are some organizational features which, in the light of our present day knowledge and philosophy, should be a part of a good residential school. Integration of the blind individual into society as a fully responsible and contributing citizen is the desired result of schooling. Separation in residential schools is to be considered as a means of achieving this end which must continuously be kept in mind during each child's growth. Cooperation between the residential school and the parental home, the natural place for the child, is therefore essential. Whenever a child lives close enough to remain with his family he should be admitted as a day pupil. Home visits for weekends and for as many holidays as possible should be encouraged for those children who live in residence.

Life at the residential school itself should give blind children as many of the regular experiences of their age groups as possible. Segregation of

every kind, between seeing and blind children, between boys and girls, should therefore be kept at a minimum and all means of integrating the blind pupils individually and in groups with community activities should be promoted and strengthened. As an example, competition in such sports as wrestling and swimming is of far greater value if it brings seeing and blind pupils and teams together. It may not be possible to arrange, for instance, scout activities in a completely integrated way by having the blind pupils individually become members of seeing scout troops, since their concentration in numbers makes this impractical. But their activities should be in close connection with the community program and with the participation of seeing scout leaders of the community. Church and Sunday school attendance offers other valuable opportunities for community participation.

An increasing number of residential schools have either all or some of their high school students attend regular local high schools where they work and compete with their seeing peers. They are still assisted by the school which provides tutoring and reader-service in order to make this first true experience of integration a successful one.

Other programs for the education of blind children have designed flexible arrangements intended to promote integration of the blind pupils into regular public school work either from the beginning of the child's schooling or later on at the time when he appears to be ready for it.

Public School Programs

Since 1900, some city school systems provide special classes for blind children as a part of their public school facilities. The overwhelming majority of these classes are conducted following the cooperative plan. In a homeroom a specially trained teacher assists the blind children in all those subjects in which they need help in order to keep up with the work in the regular classrooms. They participate in the regular grade instruction as much as possible and return to the homeroom for tutoring and reading when necessary. Braille reading and writing must, of course, be taught by the homeroom teacher.

Although some of the special-method features which can be applied in residential schools cannot be practiced under this arrangement, the opportunity to remain at home and work together with seeing youngsters in an undifferentiated school situation has many advocates. Supplementary provisions appear to be necessary in the following areas: physical education, music education, and handicrafts. In some of these the homeroom teacher can give the necessary supplementation, in others special teachers must be called upon.

The question of which facility is better, the residential school or the class for blind children in a public school, cannot be answered abstractly. It must be considered for each child individually with all its personal ramifications.

The program for the education of blind children must also include services for children before they enter school and after they leave school. It is generally accepted that the most desirable form of providing for blind preschool children is through the services of a home visiting or counseling program. It is the purpose of this program to help the parents to develop a better understanding of their own

problem in accepting the blind child; to give them information and advice on the training of the child; and to guide them toward utilization of the community resources best suited to the individual child's needs, such as special nursery classes for blind children or regular nursery schools. Parent group meetings and institutes for parents and child may supplement this program.

Blind graduates from high schools are assisted in their college studies by compensation for readers in most states, since college text books are not available in braille. Application of new recording devices has demonstrated their usefulness in connection with high school and college texts. The Office of Vocational Rehabilitation provides a state-federal financed program which recognizes the need for specific provisions for the blind. Under it blind persons 16 years of age or older may receive vocational guidance and training and assistance in placement. Most schools and classes for the blind cooperate in one way or another with the Vocational Rehabilitation Services.

The trend in America is toward a loosening of the institutional-residential element in the education of the blind. Segregation of the blind is normally acceptable only as a step toward integration with the seeing community. The blind want to live as independent individuals who are conscious and desirous of fulfilling their economic and social obligations to the community, but do not hesitate to be bold if ignorance or prejudice denies them their full rights as citizens. TenBroek (9, p. 311) asks for a "Bill of Rights for the Blind, not declaring our independence from society but our need of being integrated into it; not guaranteeing special favors and position, but equality of treatment; not glossing over our weaknesses or limitations, but recognizing us for what we are, normal human beings, or at least as normal as human beings are; a Bill of Rights according us a fair chance to live socially useful lives." Special education of the blind must work toward this end.

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The special problem of

MOTIVATION in the academic learning of the retarded child

SIDNEY W. BIJOU

FROM a learning-teaching point of view, there seems to be no doubt that the retarded child is different from the normal child of comparable mental age. One difference between the two is that the retarded child appears unable to progress academically at the level of his *mental ability*. How often have we heard teachers of such children remark: "For a child with an IQ of 75 he learns practically nothing each term. Considering his level of intelligence it would seem that he could achieve about three-fourths of the amount of work that a child of average intelligence does. He is such a nice child, but academically he just doesn't seem to be interested." There are numerous reasons for this failure in school achievement. We will, however, consider only one of them—the motivational make-up of the retarded child for learning reading, writing, and arithmetic.

To learn, an individual must have, among other things, a need or a desire to learn. This is true whether the task involves the acquisition of motor skills, such as jumping rope; the development of social techniques, as leading a group; the establishment of emotional response patterns, as controlling overt aggression; linguistic abilities, as expressing an idea in the form of a complex sentence; or achievement in academic subjects, as in learning how many nickels in a dime, how to write one's name, or how to read the directions for assembling a model airplane. If appropriate motivation is not present, satisfactory learning will not take place despite opportunity for practice and adequate mental ability to perform the task.

Is there any reason to believe then, that the retarded child differs from the normal child in his motivation for learning school subjects? There seems to be evidence that this is so. The difference, however, is not on the basis of native characteristics, but on the basis of *acquired reactions and traits* that have evolved as the result of the history of the retarded child. Cameron and Magaret describe the dynamics of this process in these words: "... immaturity exposes the retarded person to continuous competition with his more mature contemporaries, in which he cannot avoid being the loser. In a society whose customs, habits, and expectations are developed for average persons, the retarded individual is vulnerable to a wide range of frustrations, while at the same time he lacks the necessary maturity to develop techniques of circumventing them....Not only the developmental retardation itself, but also the failure it makes inevitable, define behavior pathology in biosocial immaturity."[1]

[1] Cameron, N. and Magaret, Anne. *Behavior Pathology*, New York, Houghton Mifflin, 1950.

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Unequal Competition Means Negative Motivation

According to this idea, we may assume that when the mentally retarded child first comes to school and is presented with the task of learning to read, write, and do number work, he comes armed with a host of avoidant reactions rather than an eagerness for attainment. He knows he is going to fail, he knows he is going to be inferior to the others, he is afraid even to try. These feelings and emotions together with many other types of defense reactions, he cannot express in so many words. All he may know is that he is uncomfortable and that he wishes he were somewhere else doing something more to his liking. It is expected that these feelings will be present in varying degrees depending on how well he has been understood and accepted by members of his family, members of his neighborhood play groups, and others.

And what of the mentally retarded child who goes to a special or remedial class after being in regular classes for two, three, or four years? Unfortunately he can be expected to have the same motivational difficulties to a greater degree. For one thing, he has had a longer period of failure and frustration. And what is more, for this child these experiences have taken place in the classroom—a situation now associated with failure.

Overcoming the Motivational Block

These negative motives prevent or retard academic learning since they interfere with the establishment of the essential positive motives. Obviously, one of the major problems with which teachers of special classes are concerned is that of helping the child overcome the motivational block.

Toward this end, numerous articles have suggested ways in which the teachers and the school may help the retarded child to weaken or eliminate his negative sets. Some have stressed techniques to develop the teacher-pupil relationship, some have noted particularly effective teaching methods, others the various types of motivation that might be utilized with different types of children, and still others have emphasized a motivational plan for the classroom or school. It is to this last mentioned area—a motivational plan for the classroom—that we will devote the remainder of this paper.

A Motivated Plan for the Classroom

Kirk and Johnson have suggested procedures for building up wholesome attitudes for approaching the reading situation. These would undoubtedly apply to writing, spelling, and arithmetic as well. They are as follows:

"(1) Guiding the pupil into using materials that are understandable to him and in which he can succeed.

(2) Making the child aware of any small success or growth he achieves.

(3) Encouraging the child to compete with himself against his previous accomplishment.

(4) Providing easy but interesting reading material." [2]

A positive-attitude-building plan which seems to comply with all of the aforementioned procedures is the motivation plan now in operation at the Wayne County Training School at Northville, Mich. A brief description of the program may be of help to demonstrate what form a concrete application might take. In general, individual goals in terms of the amount

(*Continued on page 120*)

[2] Kirk, S. A. and Johnson, G. O. *Educating the Retarded Child.* New York, Houghton Mifflin, 1951.

Understanding and Acceptance

EDGAR A. DOLL

THE emotionally disturbed child is most simply interpreted as one who is confused or bewildered. He does not understand his own social stresses, and he feels unaccepted in his efforts to resolve them. Indeed these efforts are only the urgent signals of his troubles which others fail to decode.

Instead of saying, "John is a problem child," we should say, "John is a child with a problem." We should recognize that his attempts to solve this problem both reflect and produce anxieties. We should know that these anxieties are masked by conversion symptoms, that is, by forms of behavior and of emotionally induced bodily ailments, which are but futile compromises with reality.

Such behavior complaints should be regarded as distress signals which indicate one's unsuccessful attempts to resolve unconscious difficulties. Whether the conflicts are internalized as psychosomatic illness or externalized as disturbed behavior will depend in large measure on environmental circumstances and personal predisposition.

Daydreaming, bodily disorders, nail-biting, bed-wetting, bullying, frank delinquencies, are best interpreted as the SOS calls of a person in trouble which is too serious for him to resolve unaided. Too often the lifeline we offer him only ensnares him or, at best, does not pull him ashore.

The more recent attempts to understand children with problems have succeeded in helping many children, sometimes actually to full recovery, sometimes to support their own efforts, and sometimes to afford only temporary relief of symptoms. In the last case, apparent success should not blind us to the possibility of preverse complication of the disorder, which may reappear in a more disguised yet perhaps more violent complaint.

The time-honored management of children has not usually showed either earnest or successful use of these principles. Typically, the behavior symptoms have been treated at face value through punishment or temporizing measures. And, typically, the complaint has thereby been only further changed in form or acquired a more subtle disguise.

When the mechanics of behavior disorders are seriously studied, we find it difficult to distinguish between predisposing versus precipitating causes, between the real interactions of mind and body, and between measures which relieve instead of increasing the trouble.

Remind yourself for the moment of what we think we know, but too often forget, in the interpretation and management of children in trouble.

(1) We know that children differ markedly in their susceptibilities as well as their resistances to stress; and that these stresses themselves differ in strength as well as in effects which they produce.

(2) We know that all behavior has

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a physical basis; and that the relation of mental to physical processes is affected by outer and inner experiences.

(3) We know that growth and development (maturation) determine the personal impact of experience, the response to learning, and the forms and degrees of behavior; that there are life-age stages of susceptibility of resistance to experience.

(4) We know that intellectual, emotional, and social maturity are harmoniously integrated in the normal child, but that differences in the *rates* of such maturation may be discordant for particular children.

(5) We know that *feeling* is a more primitive attribute than *thinking,* and that feeling is easily substituted for thinking; indeed, most people "think" with their feelings.

How can we employ this knowledge to the best advantage in dealing with "anxious" children? The child depends not only on his own feelings, but also on the feelings of others toward him. That the child may misunderstand his own feelings, and may falsely appraise the feelings of others toward him, makes our task only that much more difficult. To help him we must understand him. And we must accept him as he is before we can help him to become what he can or should be.

To do this:

(1) We assume that the child has a primitive need to love and to be loved, and also such parallel needs as to belong, to have status, prestige, and personal identity, to be secure in his relations to persons and things that make up his world, to achieve self-esteem, to merit *and to receive* the regard of others; in short, to build a strong and self-sustaining personality.

(2) We assume that the child must consciously perceive and unconsciously assimilate the evidences of affection and regard which are to him the guarantees of his worth and the necessary satisfaction of his needs, in short the essentials of his happiness, contentment and peace of mind.

(3) We assume that in the absence of such assured satisfactions the child feels ill at ease, disturbed, anxious, bewildered, and this the more so because the assurances of his intellect do not offset the suspicions of his feelings.

(4) And we assume that these doubts induce him to seek through other channels the achievements otherwise denied him; that in feeling his way through the mazes of adult annoyance and conformity, he encounters various conflicts, seeks escapes, attempts diversions, and yields to compulsive or evasive compromises.

Understanding must be personal. The child must *feel* understood. This feeling must be conveyed by such positive signs as warmth, sympathy, and sharing; and on the negative side by freedom from dislike, blame, and coldness.

This means acceptance of the child first at his own evaluation and with regard for his inner and outer needs. Such acceptance need not require unconditional approval, but is the precondition of successful guidance or treatment. Personal sensitivity and professional insight materially assist the process.

Understanding and acceptance, then, may be viewed as inseparable points on a moving circle. Without acceptance, understanding cannot proceed. Without understanding, acceptance is mere sentiment. Both are means for assisting problem children to solve their (and our!) problems.

Mental Health of Children with Hearing Impairments

M. ARLINE ALBRIGHT

HOW does the mental health of school children with hearing impairments compare with that of other children? An attempt to answer that question led to the following survey of 317 children with hearing impairments as revealed by the Mental Health Analysis.[1]

Group Studied

The Mental Health Analysis was administered to 156 boys and 161 girls in grades six, seven, and eight in public, private, day, and residential schools for the deaf in the United States. Chronological ages of these students ranged from nine to 21 years. Considering the age of 13 or 14 as the usual time for promotion from eighth grade, only 12 per cent were of elementary school age, 80 per cent of high school age, and seven per cent of college age. These children had spent from one year to 14 in elementary schools. About 50 per cent had been in schools for hypacusics more than eight years, the usual number to be spent in an elementary school; 87 per cent were over age for their grade placement, and should have been out of elementary school.

As to their hearing impairment, onset ranged from birth to 13 years. About half of these children had more than 80 decibels of hearing acuity loss in one or both ears. Among the cases, 134 were congenitally deaf. The recorded causes for the remainder were the usual ones of high fever diseases, accidents, and drugs.

Description of the Analysis

For those who may not be familiar with the Mental Health Analysis, its authors define mental health as a combination of freedom from liabilities, and the possession of assets. They divide the liabilities into five subtests on behavioral immaturity, emotional instability, feelings of inadequacy, physical defects, and nervous manifestations. The assets are represented by five subtests: close personal relationships, inter-personal skills, social participation, satisfying work and recreation, and adequate outlook and goals. The score of the analysis is determined by counting the number of desirable responses made on the subtests, hence a high raw score in liabilities indicates good mental health, as does a high raw score in assets. The five liability subtest scores added together constitute the liabilities raw score. The five asset scores aggregated constitute the assets raw score. The

[1] *Mental Health Analysis*, Form A. Elementary Series. Louis P. Thorpe, Willis W. Clark, and Ernest W. Tiegs, California Test Bureau.

• THIS survey was financed by a grant MH 112 from the division for research grants and fellowships, mental hygiene division, National Institute of Health, and was carried on by M. Arline Albright, associate professor of education at Marquette University, Milwaukee, Wisc., Dr. Albright is national director of research for the Mu Iota Sigma fraternity which sponsored the study.

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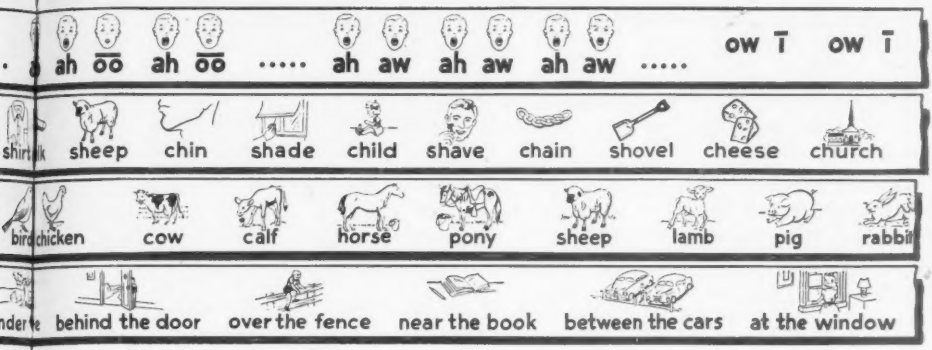
ah oo ah oo ..... ah aw ah aw ah aw ..... ow ī ow ī
sheep chin shade child shave chain shovel cheese church
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behind the door over the fence near the book between the cars at the window

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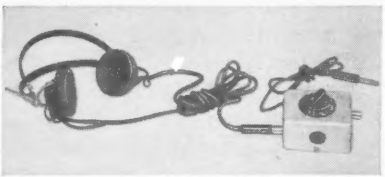

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combined assets and liabilities scores result in the total raw score.

The analysis provides a table of percentile norms for the groups on which it has been standardized. By using this table of norms, the raw scores secured in this survey were converted into percentiles, and the survey's findings compared with those of the group on which the test was standardized.

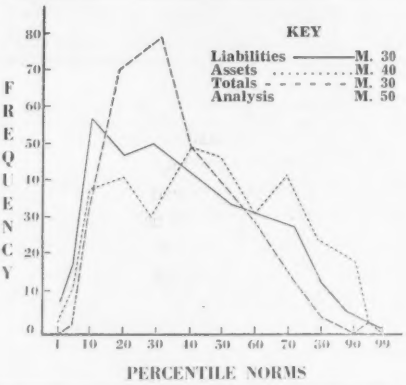
Limitations of the Instrument

An investigator who uses a verbal form of standardized measuring instrument is always apprehensive about its validity, and the part that language comprehension plays in conditioning the responses. Those who, like the present investigator, are using such instruments among hypacusics are doubly alert to these influences.

In this survey, precautions were taken to keep the ill effects of language-skill influence on the scores to a minimum. In the first place, the authors of the Analysis had evaluated its language by means of the Lewerenz Vocabulary Grade Placement Formula, and had kept the language difficulties below the reading abilities for children at each grade. The form used was at the fourth grade reading level. It was administered only to hypacusics in grades six, seven, and eight. The meanings of words and items not understood by the pupils were interpreted to them.

There was no attempt on the part of this investigator to evaluate the validity of the Analysis. Neither were the objective data substantiated by critical clinical observations and verification. Therefore, the following findings and interpretations rest entirely upon the number of "desirable" responses elicited from the pupils in the survey.

Frequency Distributions of Percentile Norms —316 Cases



Mental Health Scores and Percentile Norms

The total raw scores obtained in this survey ranged from 84 to 184. In comparison to 144, the mean total raw score reported in the Analysis, the survey showed 131.9.

When the total raw scores in the survey were translated into percentiles, it was found that 30 was the total percentile mean, compared to 50 in the Analysis. Of the cases surveyed 72.5 per cent came below the average percentile mean of the group on which

TABLE I

MEANS OF SCORES AND PERCENTILE NORMS

	Raw Scores			Percentile		
	Sur.	Analysis	Diff.	Sur.	Analysis	Diff.
Mean Total Sc.	131.9	144.0	12.1	30	50	20
Mean Assets Sc.	73.0	77.0	4.0	40	50	10
Mean Liabil. Sc.	58.8	67.5	8.7	30	50	20

the test had been standardized, 11.9 per cent were at the average percentile mean, and 15.4 per cent above.

Liabilities and Assets Scores and Percentiles

The low total raw scores and corresponding percentile norms of the survey showed poor mental health, but the data revealed by each category showed to what degree the liabilities and assets were affecting the total status of mental health.

Total liabilities raw scores ranged from 28 to 93. Mean liabilities raw score in the Analysis was 67.5. In the survey it was 58.8. The corresponding total liabilities percentile mean in the Analysis was 50, and only 30 in the survey. In the liabilities section 67.8 per cent of the survey group were below the average percentile mean of the standardized group, 10 per cent at that mean, and 21.4 above.

The assets raw scores ranged from 16 to 96. Mean for the assets raw scores in the Analysis was 77 and in the survey, 73. The percentile mean for the assets in the Analysis was 50 in comparison to 40 in the survey. The survey showed 46.6 per cent of cases below the 50 percentile mean of the Analysis; 22 per cent at the mean, and 31 per cent exceeded the percentile assets mean of the standardized group.

While the survey's percentile mean for assets were higher than that for the liabilities, and the total score, all were below the 50 percentile mean for the group upon which the Analysis had been standardized. No score approximated the 90 percentile norm, which was the norm that indicated "good" mental health, according to the Analysis. Therefore, the lack of "desirable" responses in both assets and liabilities categories contributed to the poor mental health shown, though liabilities were more heavily weighted in that direction.

Liabilities and Assets Subtest Scores and Percentile Norms

When the subtest scores were analyzed, each proved low. Lowest of all were the number of acceptable responses in the subtest score on feelings of inadequacy. Other subtest scores on the liabilities category, ranking from lowest (least desirable replies) to highest, were: emotional instability, nervous manifestations, behavioral immaturity, and physical defects.

In the assets category, subtests receiving the most favorable answers, ranking from lowest to highest, were: inter-personal skills, adequate outlook and goals, satisfying work and recreation, social participation, and close personal relationships.

While such a finding has value in revealing gross symptoms, a study of individual cases revealed that identical scores could be made in subtests by a variety of combinations of responses. Hence, a study was made of the desirable responses elicited, to de-

TABLE II

NUMBER AND PER CENT OF 317 CASES
"At, Below, or Above" the Mental Health Analysis Means

	At		Below		Above	
	Score	%	Score	%	Score	%
Total Score	230	72.5	38	11.9	49	15.4
Total Assets Score	148	46.6	70	22.0	99	31.2
Total Liabilities Score	217	67.8	32	10.0	68	21.4

termine the critical items responsible for low subtest scores.

Item Scores

A study of the distribution of each item revealed that, although the children in the survey had nervous and mental disorders which were rather similar, the mental and emotional stresses and tensions from which these disorders sprung, varied.

An interpretation based on the items with the lowest and highest number of responses in each subtest is given below, each coded to the item on which it is based. Low is indicated by an "1," high by "h," assets by "A," liabilities by "L," and item numbers follow:

These children preferred to be alone rather than to be in groups (1A12), but they had some friends (hA1) with whom they liked to spend some time (hA87). However, they did not enjoy the good will of others and felt a lack of close, personal friends in whom they could confide (1A30). Very probably, the lack of steadfast friendships (1L159) was occasioned by the fact that, although they frequently were helpful to each other (hA185 and 32), these children lacked a clear concept of right and wrong (1A149), were poor sports (1A10), and were not overconsiderate of their friends (1L153).

These children as a group felt frustrated (1L31). To some degree they felt a lack of family affection (hL61) as well as a lack of sustained friendships (1L159). They felt they were often treated unfairly and ridiculed for their ideas (hL108). They were somewhat immature in their social behavior (hL4 and 1L155) and had feelings of dependence (1L90).

Although some of the work they did was to their liking (hA42), their schoolwork, per se, was not satisfying to them because it had consumed so much of their time (1A20) and had made them dependent upon the teacher to a considerable degree (1L90).

They were not as concerned with the fact that they were hypacusics as they were with imperfections of the hair (1L193), mouth (hL167), and eyes (hL97). Apparently, the only concern they had regarding their stomachs (hA47) arose when they were

Since there was no statistical norm by items given for the standardization group, it could not be used for comparison in this respect.

Summary and Discussion

The Mental Health Analysis itself supplies directions for interpreting results. No attempt has been made to substantiate clinically any of the evidences thus revealed.

(1) Low total scores. This suggested that each case was in need of special assistance in learning to face reality, in solving problems, and in hungry (1L150).
developing adjustment patterns which would be useful throughout life.

(2) Variability of cases in the extent to which each manifested liabilities and assets. This indicated a need for individual assistance toward improvement.

(3) Low mental health liabilities score, revealing evidence of serious mental health difficulties. In general, low scores on mental health liabilities suggest that the course of study may be too difficult for the capacities of the learner.

(4) Total number of mental health assets "desirable replies" higher than the total number on liabilities. These two factors in no way balance. The

normal effective child as measured by the analysis must obtain reasonably high scores in both categories.

But even so, the mental health assets scores were lower than those of the standardized group. Low scores here indicate educational procedures and materials used may have been too formal. If this fact were established, more informal activities should be included.

(5) Subscores should constitute the basis for pupil guidance in improving mental health. The interpretations of scores follow.

The lowest total score for any subtest was in the area of feelings of inadequacy. It is suggested that such feelings may arise from lack of affection or hostile attitude in parents, friends, teachers, and classmates, from home conditions, failure in school, and lack of hope in the future.

Second lowest total score was in the subtest, emotional instability. This would suggest the need for examining for causes in the areas of emotional conflicts, anxiety, and repression.

Nervous manifestations subtest. Such manifestations may have a physical basis. Since the total scores in physical defects were the highest of any in the liabilities subtests, one would conclude that physical defects were less causative than were the expressions of emotional conflicts.

Behavioral immaturity subtest. Difficulty in this area may arise from conflicting authority in the home, overprotection or over-direction.

Physical defects subtest. The group in this survey seemed only slightly affected by physical defects if the scores are indicative.

The lowest assets subtest score was in the area of the inter-personal skills.

ST. COLETTA SCHOOLS FOR EXCEPTIONAL CHILDREN

Jefferson, Wisconsin; Palos Park, Illinois; Hanover, Massachusetts.

Conducted by
SISTERS OF ST. FRANCIS,

specializing in education of mentally handicapped children.

PSYCHOLOGICAL INSTITUTE

for teachers and groupmothers during the summer session at Jefferson, Wisconsin

Interpretation would suggest that as a group, the pupils failed to go out of their way to help others, and that they were not reciprocal in human relationships. The next lowest assets subtest score was in outlook and goals. Apparently, most of the 317 cases needed assistance in developing a clear-cut conception of right and wrong, and an appreciation of the Golden Rule.

Responses to the satisfying work and recreation subtest showed that the subjects found schoolwork uninteresting, and that they lacked hobbies and recreation. There were also evidences that many had been serious failures and were frustrated. These evidences were supported by the number of years some of these cases had remained in elementary school, making failure an oft-repeated experience. It is suggested that these children should be given opportunities to succeed and participate in curricular activities which would interpret to them the needs of their communities.

The social participation subtest scores indicated shyness and seclusive disposition. Suggested remedy might be experience in group enterprises and teamwork, social training, etiquette, and good attitude-building.

The close personal relationships score

(*Continued on page 124*)

Out of the STUDYHALL *into*

IN common with other activities in the curriculum which emphasize skills, the teaching of home economics at both grade and high school levels relies heavily on laboratory practice to be effective. This is equally true for both the physically normal and the physically handicapped child. With little experience or frame of reference on which to base the learning process, students gain very little practical help from lectures, demonstrations, or watching other students. If maximum gain is to be made from the experience, it is essential that each student, and particularly those with physical limitations, actually participate in class activities.

The teacher of home economics for exceptional children has found it difficult to arrange full participation of all class members in the general class experience. Any experienced teacher recognizes that it is psychologically unsatisfactory to have a few children in a class sitting on the side lines doing a little stirring now and then "to help Mary" when they should have the same satisfaction of learning and accomplishment that others enjoy. In a few cases lack of motor control or other physical limitation is the cause of non-participation but more often the laboratory facilities are such that the students cannot utilize their physical capacities.

The demonstration kitchen recently shown at the Scientific Exhibit of the American Medical Association by the Institute of Physical Medicine and Rehabilitation of the New York University-Bellevue Medical Center included facilities that may be the answer to some of the usual problems. The exact measurements are not as important as the method by which they were selected, for the age group and physical characteristics will determine what is best for a certain school or home situation.

The most notable differences between this kitchen and the usual design are that it presents:

(1) Some lower work surfaces

(2) Open areas under work counters for comfortable sitting

(3) Storage low enough for reach from a sitting position and tailored in such a way that all items may be removed with one hand if necessary.

Since in normal food preparation and service more time is spent at the sink than at any other unit it should receive first consideration. Although the height of the sink would be of prime importance in the home, for classroom use the height must represent an average. It will be important to have the cabinet beneath the sink entirely

• HOWARD A. RUSK, M.D. is director of the Institute of Physical Medicine and Rehabilitation New York University-Bellevue Medical Center. Mrs. Julia Judson is coordinator of the Disabled Home-makers Research Project there.

the KITCHEN

open or at least built without floor and toe base so that a stool or wheel chair may be used in comfort. The adjacent areas should be devoted to the storage of supplies and utensils which will be needed for tasks performed at that center. Furthermore they should be located so that no moving of the chair or stool is necessary to reach the needed items.

To meet these requirements, the demonstration kitchen used corner carousels at the right of the sink which were suitable for storage of large pots and dishes. At the left of the sink was a unit with ventilated drawers for vegetables and fruit not requiring refrigeration. Directly over the sink and only a few inches above it was a cupboard to hold cleansers, brushes, knives and such like used in vegetable preparation or in dishwashing, and measuring cups and spoons and some foods requiring the early addition of water. This storage area should not exceed seven inches in depth; if built of wood can have many of the small tools hung on the doors where they will be more conveniently within reach. The door of one section opens very near the range cooking units for the range tools. The height of this shallow unit was determined by the space remaining between the sink splash board and the location of the higher wall unit.

The upper wall unit was a standard 12 inches in depth but its lowest point was determined by the average reach of adults allowing space for a run of fluorescent lights to properly illuminate the sink and work surfaces. The entire area of this upper wall unit was given over to vertical, removable partitions for the storage of pans requiring water, strainers and other necessities at the sink.

The range which is used most often in conjunction with the sink was placed on the same level as the work center surrounding the sink so that it is possible to slide pots instead of carrying them. The fact that com-

By HOWARD A. RUSK

and JULIA S. JUDSON

ponent ranges are now available for installation at any height makes this sort of arrangement possible. It has been found that adults for whom a 36 inch work surface is average can use cooking units at 32 inches without inconvenience. Yet this lower height makes work from a wheel chair much easier and safer. With some types of disabilities a hand rail across the front of the range is a feasible method of assuring a solid hand hold for balance.

With the component ranges the oven unit may also be installed at a convenient height and it has been found that a location high enough to eliminate bending for the ambulatory person meets the needs of most persons who must sit.

Another unit of special importance is the preparation center. Such a center will be the place where baked goods are mixed, seasoning and prepreparation of main dishes, and the preparation of salads if salad greens have been cleaned before storage. The

refrigerator becomes a part of the preparation center as a specialized storage unit. Like the sink area it is advisable to have an open knee space under part of the work counter at the place where mixing is done. The experimental unit on display at the exhibit went back to the standard 36 inch counter height in an unusually narrow cabinet (16 inches). The purpose of the narrow work counter was to make the above counter storage more accessible. Actual mixing operations would be performed on a wheel table at a lower height or, in case of use with a wheel chair, on a lap board attached to the chair. The outstanding characteristic of the unit was the high storage, all within reach from a sitting position. The highest and widest shelf was again devoted to vertical files for baking pans. Each successive shelf was narrower than the one above it graduating to two inches. By this arrangement all sizes of containers could be stored, yet each was within reach.

Several alternatives are possible to provide a work height that is comfortable for mixing. The lap board on a wheel chair was mentioned earlier. Pull-out lap boards built into the base cabinets can provide a succession of heights to accomodate a variety of statures; the entire counter area may be brought down to a 26 inch to 32 inch level at which the worker would always sit.

These suggestions may not meet the needs in all situations but it has been proven in homes that the features demonstrated can contribute a great deal to the self-sufficiency of people engaged in kitchen activities. There is still much to be learned on the planning of kitchen facilities for people with limitations and especially in school situations. Any school which could apply what is known so far to be good would be in an excellent position to do further investigation that could contribute a great deal to special education.

The goal of rehabilitation is to train the physically handicapped person "to live within the limits of his disability, but to the hilt of his capabilities." Such adaptation of the normal school program to the exceptional child should not be limited to purely academic areas. Homemaking makes up the largest occupational grouping for women. Even the handicapped girl who does not marry must be self-sufficient in her own home or apartment. The teacher of home economics who develops a special program for the physically handicapped will do more than teach skills. She will be contributing to the confidence, and general personality development that comes through group participation and the mastery of basic skills. In homemaking class, the exceptional child should no longer be forced to sit on the side lines.

Signs of Impaired Hearing

A listless and weary expression
Frequent requests for repetition
Mispronunciation of words
Turning one ear toward the speaker
Inattention; Voice or speech peculiarities
Continued failures in school grades
Earaches; Head noises; Discharging ears
Failure to respond when questioned
Avoidance of people

Remedy, Alleviation and Rehabilitation

Periodic hearing tests
Treatment by physician
Instruction in hearing health
Use of hearing aid; skill in lipreading
Auditory training
Speech correction; Voice training
Vocational guidance
Social adjustment; Correct mental attitude

Meeting a challenge:

The Gifted Child

in the heterogeneous class

BUCK R. REX, Jr.

CAREFUL planning can provide a challenging program for the gifted child and his slower classmates alike, in the regular classroom, believes the group studying that problem in Passaic, N.J. A real concern for the problems of the gifted was discovered among principals and teachers in Passaic when the local steering committee of the Metropolitan School Study distributed a bulletin listing 21 problems of the school system. Replies revealed that problems of all types of exceptional children were paramount in the minds of school people. Since some provision had already been made for the mentally retarded, the committee encouraged a project for study of the gifted child.

The project accepted the principle that heterogeneous grouping is the best plan for the local situation. The problem lay in how to provide for the gifted in such a group. A full-time student from Teachers College, Columbia University, was obtained to work with the newly formed committee as coordinator and research assistant.

From the very first meeting, it was apparent that interest in the project was high. The teacher members recognized that there is no substitute for face-to-face relationships in solving problems cooperatively. The consultant attempted to establish the worth and dignity of each individual working in the group and to use all their varied backgrounds of experience.

Duties of the consultant were to help to plan meetings of the committee, visit classrooms, confer with parents of the children. Most of his time was spent with teachers who were members of the committee, working out new techniques and evaluating those already in use in enriching the curriculum. Committee members began to make more detailed studies of the children's activities in classes, special studies of the development of gifted children under different circumstances, and follow-up studies of those who had graduated from the schools.

In the First Three Grades

Many educators feel that nothing should be done about enrichment for the gifted until at the earliest, the fourth grade—that the first three years beyond kindergarten should be used to gain proficiency in the basic skills. The talented teachers in this system who were teachers in the first, second, and third grades showed that enrichment and basic skills are not mutually exclusive. For instance, in one of the

• BUCK R. REX is the student, now Ph.D., from Teacher's College who was chosen as consultant for this study by the Passaic Schools.

second grades there was a little astronomer, age seven and a half, who read the stories of the solar system as eagerly as some children read their favorite funny books. He was sincerely interested in science. The class decided to publish a science newspaper. Our little scientist was democratically elected editor-in-chief. Each week the class published the paper with *every* child in the class contributing some part. The learned discussions of the editor-in-chief took their place beside the drawings of the slowest pupil in the class. The retarded child felt that he had as great a role in the publication of this paper as did the child who was reading on seventh grade level. The bright child was challenged to his fullest, and the retarded child had the rewarding experience of accomplishment and recognition.

Needless to say, making provision for the needs of all pupils takes many hours of careful planning. The teacher of this second grade provided materials for all levels of reading ability. By noting the books her "little thinker" selected, she discovered and developed his driving interest. There was reward for the extra hours of hard work in planning and providing materials shown in happy faces of achieving children and the thought that the brilliant child may take his place among the outstanding scientists of the century.

Other superior teachers in first and second grades encouraged creative writing among their students. In one class they kept their work in folders and showed them to the consultant. They wrote about the holidays, and when there was no holiday, about the rain, sunshine, birds, trees, flowers, any number of subjects. Considered as the work of a second grader, this poem seemed to offer promise for the future.

THANKSGIVING

Mr. Turkey, Mr. Turkey, cried a birdie
from a branch,
My name is bitty birdie, and I live
here on the ranch.
You'd better watch out, Mr. Turkey,
Because you'll be a dinner
If you don't watch out, I fear.

I know, said turkey sadly
And gave a little cry.
I have nothing to be thankful for
But I still don't want to die.

Birdie said, I'm thankful
That you're still safe and sound.
But down the road came a little boy
And caught him off the ground.
He took him home to Mother
Who cooked him in a pan.
And outside little birdie wept tears
on the sand.

In Higher Grades

Another teacher joined the committee to evaluate her own program. She had long been aware of the special needs of gifted children, and sincerely wanted to know if she were doing everything possible for their best development. Her seventh grade class worked out a script for an original musical satire called "The Early Explorers." As in the preparation of the science newspaper, every member of the class had some part in this project. The gifted contributed more than some of the others, but each child did some of the writing, and all members of the class had a part in the presentation of the play.

Afterwards, the children evaluated their activity. One brilliant boy, who contributed more than any other member of the class to the writing of the

script said, "I once heard someone say that school plays were just a waste of time. I think that 'someone' should see a psychiatrist. The play, for me, has done an invaluable service. It has contributed greatly to my knowledge of writing plays, songs, and humorous dialogue; it has given me experience in acting. The play has inspired self-confidence—the confidence to stand in front of an audience and speak, or even sing. It has brought me the feeling of working in unison with my classmates, in a situation where we had to work together, for *one of us alone meant nothing.* It has given me the feeling of accomplishment, that wonderful feeling that hard work, and only work can create. I feel that anything lost in time was more than made up through contributions of the play."

Other children in the class expressed their opinion of the activity by such comments as, "To make a long story short, it made school fun, not drudgery," and "In school, social studies was quite dull. When we gave the play it made social studies much more fun. It also helped me to remember the explorers and the dates they made their explorations."

A sixth grade teacher, realizing the importance of reading for the enrichment of the gifted child's curriculum, set up a reviewing board to recommend book purchases as part of a Bookworm Club. The board read and gave critical reviews, oral and written, on the merits of books, judged from the viewpoint of sixth graders. The teacher selected books at the reading level of the various members of the board. This allowed the gifted child to read at his own level yet to serve on an equal basis with other members of the group. Novel book reports, and original thinking came from this effort.

The talented children whose interests were not entirely academic were not overlooked. In shops in schools throughout the city, they were given special projects such as plans and blueprints in mechanical drawing, cabinet making, and tray formation in metal work. Boys were encouraged to do special research problems and to give demonstrations of current scientific innovations. They wrote directly to scientific agencies for the special information they needed.

In High School

The planning continued into high school. One class of seniors conducted a thorough study of the city, especially the slum areas, and made recommendations for improving the local situation. The project was carried on during an election year, and students played the parts of candidates for local office, presented their platforms in able speeches.

Outlook for the Future

Early in the experiment, curiousity was uppermost in some minds, but as the program began to develop, and the actual design of the project became clear, each teacher showed a sincere interest in the activity. They were all eager to try out suggestions for improving methods of teaching and developing new techniques. They were eager to share their successes with their colleagues. Parents and community groups became interested in what the teachers were doing to improve themselves and the education of gifted children.

The committee expressed a desire to continue the study the following year and form other groups to study problems of common interest and concern. A fine spirit of interaction between ad-

ministrators and teachers characterized the whole activity.

Teachers College Appointment

New head of the special education department at Teachers College, Columbia University, is Maurice H. Fouracre. Dr. Fouracre took office on September 1. He has been director of the division of education for exceptional children at New York State College for Teachers, Buffalo, N.Y., since 1946. Previously he had served in that capacity at Wisconsin State Teachers College, Milwaukee. He is chairman of the educational advisory board of the United Cerebral Palsy Associations.

Teachers College has long been interested in education for the handicapped. In 1898, Edward L. Thorndike, leading exponent of the principle of individual differences, introduced the teaching of exceptional children in his course of classroom hygiene.

The college's first formal course in the psychology and education of exceptional children was given in 1908. Since that time, the program has been expanded. At present, former students are directing programs for handicapped children throughout the United States, and in India, Turkey, South Africa, Israel, Argentina, and Brazil.

Dr. Fouracre, the new department head, is author of a number of professional articles dealing with the problems of exceptional children. He received his bachelor's, master's, and doctorate of philosophy from the University of Michigan.

(*Continued from page 104*)

of work to be accomplished in reading and arithmetic are set at the beginning of each term. The units of work expected are based on the child's own previous achievement and on his mental ability rather than on class or group standards. All reading and arithmetic books and materials are broken down into units of work[3] beginning with the pre-primer level and continuing through the work of the sixth grade. A goal chart is made for each child in every class which shows his present standing and his expected goal attainment in both subjects. The chart is discussed with the child and the idea of self-competition emphasized. The charts are mounted on a bulletin board and each child can see at a glance how he is getting along and how many units of work remain to be done. He is made to understand that if he completes the work required of him for the term, he has every right to be proud of himself and can consider himself a "goal meeter." So good was the response to this plan when first introduced that many children forged ahead beyond the unit of work which had been expected of them. Such children became known as "goal beaters." At the end of each term a schoolwide assembly is held at which time the "goal meeters" and "goal beaters" are given recognition.

Experience with this plan over a period of 10 years has demonstrated that the children respond to this type of challenge enthusiastically. Not only are their academic achievements more commensurate with their mental ability but many are, for the first time in their lives, gaining real satisfaction from school-learning.

[3] These are called "sequence units" and should not be confused with activity units.

OUT OF THE CLASSROOM

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MAR 5 1953
MANHATTAN
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GREETINGS from Jo Kelly and Marguerite Rapson, new co-editors of "Out of the Classroom"! This feature of the Journal has been introduced with a very special purpose—to share one another's enthusiasm, suggestions, and experience which promote the welfare of exceptional children.

In the past, the Journal has reluctantly rejected many valuable contributions because they were not full-length articles or were not documented by scientific research. "Out of the Classroom" will present suggestions and reports from your experiences.

Responsibility for this section, Dear Readers, is primarily yours. The co-editors can only encourage your contributions and adjust them to the available space. You may submit descriptions of exhibits, techniques, equipment, materials, procedures; you may report observations of child behavior or humorous anecdotes. Your questions or problems may be presented. Subscribers, representing a tremendous range of background and knowledge, may help you with your difficulties. Let "Out of the Classroom" reflect your needs, interests, and aspirations.

Contributions should not exceed three typewritten pages, double spaced. A single line or paragraph is equally welcome. Long articles must be condensed to such an extent that they lose the flavor of the original. All edited material will be returned to the contributor for final approval before publication.

Please address all communications to:

Miss Josephine Kelly, Director
Special Education
1212 Elmwood Street
Fort Worth 3, Texas

or to:

Mrs. Marguerite Rapson, Principal
Gorman School
Dayton, Ohio

A NOON HOUR PLAN

Educators have been plagued for years with the noon hour problem. What to do with large groups of children for approximately an hour a day when teachers need to be relieved of responsibility?

The Marxhausen School for elementary and mentally retarded children in Detroit organized a committee to study this challenge. Three classroom teachers, the principal, and assistant principal developed the following plan:

(1) A one hour lunch period was divided into two 30 minute periods, each serving 100 children. The assistant principal supervised the lunch room, thus freeing teachers from this responsibility.

(2) Opposite each eating period was a 30 minute interval during which individual classes participated in recreational activities supervised by their home-room teachers.

(3) Time spent supervising recreation was recognized as teaching time.

A free period equal to the noon recreation was arranged for teachers during the school day.

(4) A 30 minute lunch period away from children was provided for all teachers.

Mechanically, the plan operates rather simply. Morning sessions end at 11:20. Half of the children go to the lunch room while the others begin supervised recreation with their teachers. At 11:50, those who have eaten are scheduled for recreation and the other groups have lunch. Classes resume at 12:20.

The school creates an environment for continuous learning throughout the noon period. By reducing the number served at one time and lengthening the lunch period, better eating habits are encouraged. Planned activities with small groups replace purposeless milling about on a crowded playground.

Our brief experience with this noon hour plan indicates that lunch time can and should be an integral, compatible part of the total school program.—MARTIN KALISH, *assistant principal Marxhausen School, Detroit.*

PARENTS ACCEPT HELP

The special education department of the city of Erie, realizing the stimulation provided by in-service meetings, initiated a conference day to include parents as well as teachers, nurses, and social workers.

Parents had a major role in deciding the type of program to be presented. For months in advance, they met with professional workers to plan the conference. They financed the meeting by sponsoring card parties and rummage sales.

When conference day arrived, they were ready to accept, understand, and follow through on suggestions of the consultants. Parents became more sympathetic toward the problems of education and gained insight into the needs of the handicapped.

Educators overlook a valuable opportunity when they neglect to include parents in their in-service education program.—GERTRUDE BARBER, *coordinator of special education, Erie, Pa.*

AN EXCEPTIONAL CLASSROOM

From out of the heart, from "out of the classroom" came a letter so full, so delightful that your co-editors felt each word should be shared with you. As you read you'll agree with us that to have omitted a line would have been too bad. We quote:

Dear Friends,

If only you could visit my school! There Terry, Jack, and Sally and eleven other boys and girls of primary school age who are mentally retarded live and share happy experiences in everyday living. Our days are filled with caring for pets and plants and chronicling these activities.

The children write stories and poems that are published in animal magazines and occasionally someone wins a prize! That is always a day of great rejoicing in *Special One.* We have a party and talk about it. That encourages others.

The children love to care for our pets that are treated like babies. Having experienced this joy and satisfaction, it is fun to tell others about it. They invite all the regular grades to our room for our club to discuss things of interest in and out of school. Children from all over Washington, D. C. love to stop in *Special One* to see all that is going on there! The large boys are always attracted to the huge cage, six feet high, with real trees furnished by one of our boys.

Other visitors stop in often. Let me tell you of one recent visitor. A principal from South Africa came by one day. The children gave her some of our marigold seeds from our garden to take back to plant in their school garden. Later she sent us a lovely book about Africa. From that we studied about other places of interest. Africa became an "enchanted land" to us, especially

(*Continued on page 124*)

I. C. E. C. FAMILY ALBUM

Raymond M. Taibl
Nebraska

Darrel J. Mase
Florida

Agnes L. Rogers
Tennessee

Fred R. Bode
California

RAYMOND M. TAIBL is a director-at-large for ICEC, elected at Omaha. Between 1936-1948 he was working in physical therapy in Wisconsin, Iowa, Florida, Maryland, California—name the place, and he has been there working for exceptional children. He is president-elect of Lincoln, Nebr., chapter this year. Since 1948 he has been director of special education for Nebraska.

Darrel J. Mase is editing the Journal series on "What Is Special About Special Education?" which begins this month. As a longtime Council member and worker in the field of speech training, he is known to many of you. He was program chairman for ICEC's 1951 convention in New York, now serves as chairman on the committee on teacher training of the Council on Teacher Education, ICEC. Dr. Mase is coordinator of Florida Center of Clinical Services, University of Florida, Gainesville.

Agnes L. Rogers, president of State of Tennessee ICEC, has been an active member of ICEC for five years. She has run the gamut of chapter offices in East Tennessee chapter, program chairman, membership chairman, president. If you have seen the pamphlet on Tennessee's homebound program, *Patsy and Her Teacher Go Homebound to China,* its author is the same Agnes Rogers. At present she is regional consultant for East Tennessee services for exceptional children.

Fred R. Bode is president of California's state federation of ICEC chapters. From 1942 to 1947 he acted as principal and teacher of the detention school for delinquent boys and girls in San Diego. He has also taught in San Francisco State College summer school in the teachers workship for mentally retarded minors. Now Mr. Bode serves as school psychologist for special training classes, San Diego County schools.

(*Continued from page 122*)
the wild animals that my pupils love, since caring for many tiny baby animals that children bring in from time to time.

The children keep scrapbooks of our daily were on television with Mrs. Irene Castle. The other children enjoyed watching us on the screen at home.

The children keep scrap books of our daily activities. We have a little stove to prepare balanced breakfasts. We make pretty yellow aprons with brown cloth squirrels stitched on. At Christmas time we make grape jelly and put it up in tiny baby food jars, tied with green satin ribbon and red cellophane. The jars always are a bright spot, shiny on the window sill, early in December. We take them home to parents and friends. Often it is necessary to make five "batches" but they love sharing and giving.

At Christmas time every year we give the play taken from *The Bird's Christmas Carol*, the Ruggles family going to the Christmas party. There are no special costumes and it is amazing, always, to me, how nicely our children fit right into the different characters of the Ruggles' family. There is always a tall, older girl for "Sara Maude" who just seems perfect for the part and we generally manage to have a short, fat one for "Baby Larry." The children at Buchanan School love the Ruggles play and start to talk about it early in the fall. I am Ma Ruggles. We give the play as often as ten or twelve times throughout the Christmas season and sometimes repeat it for a settlement house near by. Churches have asked us to present it but there is never time enough. Is there ever—with all the wonderful things to do?

Sincerely,
Mrs. Helen F. Brunhouse.

(*Continued from page 113*)
was the highest of any on the assets subtests. Sufficient evidence in other subtests, however, suggested that as a group these children lacked ability to get along with others, had too few personal friends, and lacked confidants.

Analysis of the items which were responsible for the low percentile norms revealed by this survey might well suggest modification in the objectives, materials, and educative practices of the curriculum for hypacusic children. The school environment has excellent opportunities for creating stimulating situations that may serve as important factors in the improvement of mental health. Many situations may be provided in which there are opportunities for social interaction, wholesome conflicts, and accommodations, application of social control, exercise of leadership, and acceptance of responsibilities. These facilities can be inventoried, utilized, and modified to harmonize with the development of mentally healthy and effective personalities.

Values

Some of the results of the present study are shown below:

(1) Children with hearing impairment are beset with mental ill health more than others.

(2) The status of mental health varied in degree with the individual.

(3) "Poor" and "good" mental health existed in specific areas.

(4) Some of the possible causes for the status of mental health were indicated.

(5) Therapy which school personnel could furnish both preventatively and remedially could be indicated.

(6) An individual analysis for each child was made available which could be used in guidance.

(7) Findings were furnished for possible use in future comparative studies.

Jane E. Dolphin

Compiled with the Assistance of the Library, National Society for Crippled Children and Adults, Chicago.

NEW BOOKS BRIEFLY NOTED

AMERICAN FOUNDATION FOR THE BLIND. *Directory of activities for the blind in the United States and Canada,* compiled by Helga Lende; ninth edition. 1952. 133 p. American Foundation for the Blind, 15 W. 16th St., New York 11, N.Y. $2.

This directory, published biennially, provides information on national public and private agencies working for the blind, as well as state and local agencies. Indexed.

NATIONAL ASSOCIATION FOR MUSIC THERAPY. *Music therapy; 1951 book of proceedings . . . .* 1952. 201, 41 p. Distributed by the editor, Esther Goetz Gilliland, Chicago Musical College, 64 E. Van Buren St., Chicago 5, Ill. $3.50, cloth; $3, paper.

Subjects include: music to aid the handicapped child, demonstrations, scope of the hospital music program and professional opportunities, volunteer music service in hospitals, musical creativity and emotional conflict, and various reports of the research committee. A bibliography, compiled by Ray Green and others, is included in the book but may be purchased separately at $1 a copy.

PELTON, B. W. *How to build games and toys.* c1951. 264 p. illus. D. VanNostrand Co., Inc., 250 4th Ave., New York 3, N.Y. $3.95.

Provides directions for making toys and games which the average home craftsman can assemble, either with a meager set of tools or a powered workshop. A chapter on entertaining convalescents and rainy day prisoners provides a source of ideas for harried parents. The appendix gives an indexed graded list of games and toys suitable for various ages of children.

SHAW, STELLA. *One-handed piano method for beginners, stressing the independent development of either the right or left hand.* c1952. 30 p. Mills Music, Inc., 1619 Broadway, New York 19, N.Y. $1.50. Paperbound.

This book is intended for the beginner and offers the full course of fundamentals for one-handed typing. The method can be self-taught. For the handicapped person, this book offers an opportunity to acquire a new skill and a medium for self-expression.

Theses

TAIBL, RAYMOND MARTIN. *An investigation of Raven's "Progressive matrices" as a tool for the psychological evaluation of cerebral palsied children.* 1951. 120 p. Typed. Unpublished thesis (Ph.D.)—University of Nebraska, 1951.

The procedure for testing 115 cerebral palsied subjects, ranging in age from six years to adulthood, is reported. The writer concludes that the test is of practical value for use with the cerebral palsied. The literature on psychological testing is reviewed.

PERIODICAL ARTICLES AND PAMPHLETS

Auditory Impairments

GUILFORD, FREDERICK R. "Diagnosis of deafness in the very young child," by Frederick R. Guilford and C. Olaf Haug. *A. M. A. Archives of Otolaryngology.* Feb. 1952. 55: 101-105.

Listed are some conventional audiometric tests which can be applied to the child from 2 to 6 years of age. The writer discusses their shortcomings and describes in detail an accessory unit called the Pediacoumeter, used to motivate and interest the child during the pure-tone situation.

Cardiac

MARESH, GEORGE J. "Incidence of heart disease among Colorado school children; a statewide survey," by George J. Maresh, H. J. Dodge, and John A. Lichty. *J. Am. Med. Assn.* June 28, 1952. 149:9:802-805.

A preliminary report of heart disease incidence in 11,236 sixth grade school children as well as the findings in 1,705 other children. The study was designed to accumulate statistically reliable data on the problem in Colorado, and for case-finding purposes, immediate and future.

Orthopedic and Neurological Impairments

AMERICAN ACADEMY OF PEDIATRICS. "Neurological conditions in children." *Pediatrics.* June 1952. 9:6:782-790.

A symposium: Neuromuscular disorders of childhood, Donald McEachern and Reuben Rabinovitch. Organic factors in behavior disorders, William A. Hawke. Roentgenographic findings in cerebral lesions of birth and infancy, Donald L. McRae. The epilepsies of childhood, Wilder Penfield. Electroencephalography, Herbert H. Jasper. Etiology and medical management of epilepsy in children, Preston Robb and Francis McNaughton.

SCHWIDDE, JESS T. "Spina bifida; survey of two hundred twenty-five encephaloceles, meningoceles, and myelomeningoceles." *Amer. J. Disease of Children.* July 1952. 84:1:35-51.

Statistics on incidence, sex ratio, operative cases and mortality, results of operation, associated anomalies, familial incidence, parental age, labor, and repetition of malformations among siblings are given. Presumptive evidence favors a familial factor in the cause of these lesions.

STEPHENS, F. E. "Studies in disorders of muscle: V. The inheritance of childhood progressive muscular dystrophy in 33 kindreds," by F. E. Stephens and Frank H. Tyler. *Am. J. Human Genetics.* June 1951. 3:2:111-125.

In 7 of the 33 kindred studies the trait is clearly transmitted as a sex-linked recessive with the possible alternative of an autosomal trait occurring in the heterozygous males but not in the heterozygous females. In 14 kindreds there were insufficient data and in 12 kindreds there was definite evidence that if the trait be due to a sex-linked recessive gene the cases must represent new mutations. The high mutation rate and the failure of affected individuals to reproduce accounts for the frequent sporadic occurrences of the disorder.

Retarded Mental Development

JOHNSON, ELIZABETH Z. "Sex differences and variability in the performance of retarded children on Raven, Binet and Arthur tests." *J. Clinical Psychology.* July 1952. 8:3:298-301.

A study undertaken to explore the problems involved in the selection of institutionalized children for a special program of play therapy and psychological counseling at the Wayne County Training School. The Raven appears to measure a capacity which is not fully tapped by other tests. Individual z-score patternings suggest that extreme variability is the rule among these children. Boys consistently obtain higher mean scores, and the range of means for boys is double the range achieved by girls. These differences are discussed in terms of delayed resolution of the Oedipus complex among boys.

ROBB, KENNETH. "Planning for the feebleminded." *Today's Health.* Aug. 1952. 30: 8:54-55, 70-72.

Discusses parental attitudes, methods of recognition of mental retardation, facilities available, and opportunities for employment. State training programs and private schools are evaluated.

Speech Impairments

AMERICAN SPEECH AND HEARING ASSOCIATION. "Speech disorders and speech correction." *J. Speech and Hearing Disorders.* June 1952. 17:2:129-137.

A basic statement as prepared by the Committee on the Midcentury White House Conference, 1950. Subjects covered include incidence of speech defects, professional training, research needs, and a statement of principles of speech correction procedures.

BACKUS, OLLIE. "The use of a group structure in speech therapy." *J. Speech and Hearing Disorders.* June 1952. 17:2:116-122.

An attempt has been made to state explicitly some assumptions underlying the use of a group structure in speech therapy.

MONCUR, JOHN P. "Parental domination in stuttering." *J. Speech and Hearing Disorders.* June 1952. 17:2:155-165.

A group of stutterers comprised of 42 boys and 6 girls ranging in age from 62 to 98 months was matched with a similar group of children, who were non-stutterers. It was concluded that parents of stutterers are more dominant than those of non-stutterers. Dominant parental actions included excessive disciplinary action, over-supervision and over-protectiveness, holding the child to excessively high standards, and adverse parental criticism.

General

AMERICAN INSTITUTE OF ARCHITECTS. *Buildings for the handicapped and/or aged.* 1952. 32 p. Illus. American Institute of Architects,

1741 New York Ave., N.W., Washington 6, D. C. 35c.

Based on previously published materials on residential, public, and school architecture, special planning for older people and for handicapped children is explained and analyzed. Bibliography. Reprinted from the Nov. 1951 and Jan. 1952 issues of the *Bulletin* of the A.I.A.

AMERICAN PSYCHOLOGICAL ASSOCIATION. *Psychological problems of cerebral palsy; a symposium sponsored by the Division of School Psychologists, American Psychological Association, and the National Society for Crippled Children and Adults.* 1952. 79 p. National Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill. $1.25.

Papers were presented on anatomical facts, psychological appraisal, group counseling with parents, neurophrenia and cerebral palsy, and emotional and vocational planning.

BAKWIN, HARRY. "Hospital care of the sick child." *Bul. St. Francis Sanatorium.* July 1952. 9:3:1-14.

The effect of care in the hospital, convalescent home, and home on the child's physical and emotional well-being is discussed.

CALIFORNIA. BUREAU OF SPECIAL EDUCATION. "Implementing 'The Framework' through special education for exceptional children and youth." *Cal. Schools.* May 1952. 23:5:181-197.

The special health and educational problems and how California's public schools are attempting to solve them are discussed.

CALIFORNIA. STATE DEPARTMENT OF EDUCATION. *Laws and regulations relating to education and health services for exceptional children in California.* 1951. 53 p. California Department of Education, Sacramento, Calif.

"To assist every public agency extending and improving its services for exceptional children is the purpose of this publication."

CAMP FIRE GIRLS. *Services with and for handicapped children.* 1952. 24 p. Mimeo. Camp Fire Girls, Inc., 16 E. 48th St., New York 17, N.Y. 25c.

Includes suggestions for beginning a group project and activities which can be carried out with hospitalized children. Sources of information are listed and a section on training for junior therapy aides are given.

CRUICKSHANK, WILLIAM M. *The exceptional child in contemporary education.* 1952. 26 p. (*J. Richard Street Lecture*) School of Education, Syracuse University, Syracuse, N.Y.

The status of the exceptional child today and provision for his educational needs are reviewed.

GREAT BRITAIN. CENTRAL COUNCIL FOR THE CARE OF CRIPPLES, comp. *Summary of legislation and directory of organizations for the care of the physically handicapped.* 1951. 139 p. Published by Wm. Heineman, London, and distributed in the U.S. by the International Society for the Welfare of Cripples, 127 E. 52nd St., New York 22, N.Y. $1.

This directory deals with statutory provisions of recent social legislation in Great Britain, the formation of voluntary organizations, the training of the disabled and personnel working with them.

MILMAN, DORIS H. "Group therapy with parents; an approach to the rehabilitation of physically handicapped children." *J. Pediatrics.* July 1952. 41:1:113-116.

A report of an experience with group therapy of parents of physically disabled children in a chronic disease hospital. Response of the parents was sufficient to warrant continued attention to this type of treatment.

PENNELL, MARYLAND Y., and others. *Mental health clinic services for children in the United States, 1950.* 1952. 14 p. *Reprint no. 3128, Public Health Reports*) Published by U. S. Public Health Service and distributed by U. S. Superintendent of Documents, Washington 2, D. C. 5c.

Reprinted from *Public Health Reports*, Nov. 30, 1951, p. 1559-1572.

A report of a questionnaire survey of 1228 clinics on location, sponsorship, number of children served, services, and staffing.

RANDALL, ARNE W. "Art time for exceptional children." 1952. 3 p. U. S. Office of Education, Washington 25, D. C.

Reprinted from *School Arts.*

Art can serve as a means of muscular rehabilitation and an emotional outlet for resolving conflicts and tensions, and as a means of livelihood. Teachers and parents can cooperate to make an art program effective.

ROTHSTEIN, JEROME H. *Classified bibliography; guidance and clinical diagnosis of the handicapped.* 1952. 63 p. Mimeo. College Book Store, San Francisco State College, San Francisco, Cal. $1.50.

Under the headings of general references, counseling, testing, educational and vocational training, and employment, this bibliography covers fields of interest for parents, educators, and guidance counselors.

STARR, ANNA SPIESMAN. "The Rutgers drawing test." *Training School Bul.* May, 1952. 49:3:45-64.

"The Rutgers Drawing Test is presented with norms for use in the study and examination of young children."

UNITED NATIONS. Conference of Experts on Physically Handicapped Children, Jamshedpur, India. *Proceedings of the . . . for countries of South East Asia. . . . December 19-21, 1950.* 1951. 60 p. (*TAA Conference and Seminar ser., no. 1*). Published by UN Technical Assistance Adm., New York, and distributed by International Documents Service, Columbia University Press, 2960 Broadway, New York 27, N.Y. 60c.

The first of its kind in the Far East, the conference stressed the magnitude of the problems. Attention was drawn to "the striking paucity of statistical data . . . and the meager incipient efforts that have so far been made in the countries of South East Asia." Fifteen papers on the physically handicapped and ten papers on blind and deaf children are summarized.

US CHILDREN'S BUREAU. *A healthy personality for your child,* by James L. Hymes, Jr. 1952. 23 p. Illus. (*Pub. no. 337-1952*) US Superintendent of Documents, Washington 25, D. C. 15c.

A popular version of a part of the fact finding report on healthy personality development prepared for the 1950 Midcentury White House Conference on Children and Youth. A discussion aid, based on this pamphlet, for use with parents' groups is available from the Children's Bureau, without charge.

US CHILDREN'S BUREAU. *Services for children; how Title V of the Social Security Act benefits children.* 1952. 9 p. The Children's Bureau, Washington 25, D. C.

Explains briefly the federal-state health and welfare program under the act serving children and mothers. Includes statistics on crippled children's services.

US OFFICE OF VOCATIONAL REHABILITATION. *Report of proceedings, fifth annual workshop on guidance, training, and placement.* 1952. 3 pts. (*Rehabilitation service ser. 188*) US Office of Vocational Rehabilitation, Washington 25, D. C.

Contents include sections on total evaluation of the client, rehabilitation of the mentally retarded and emotionally disturbed, and rehabilitation program for the homebound.

US VETERANS ADMINISTRATION. *Bibliotherapy, a bibliography, 1900-1952.* 1952. 18 p. Library Service, Veterans Administration, Washington 25, D. C.

A comprehensive list of references from 1900 to date, including articles written by members of the medical profession as well as by librarians.

DATES TO REMEMBER

Dec. 11-13	North Carolina Special Education Conference and Meeting of ICEC Region III, Raleigh, N.C.
Dec. 29-31	National Council of Teachers of Mathematics, NEA, Lincoln, Nebraska
Feb. 8-12	Assn for Supervision and Curriculum Development, NEA, Cleveland
Feb. 12-14	NEA Dept of Elementary School Principals, Atlantic City
Feb. 14-19	American Assn of School Administrators, NEA, Atlantic City
Feb. 14-19	NEA Dept of Rural Education, Atlantic City
Feb. 15	National School Public Relations Assn, NEA, Atlantic City
Feb. 16-18	American Educational Research Assn, Atlantic City
Feb. 16-18	ICEC-AASA or ICEC meetings at AASA Convention
Feb. 21-25	National Assn of Secondary-School Principals, NEA, Los Angeles
Feb. 23-26	NEA Dept of Audio-Visual Instruction, Norman, Oklahoma
Mar. 5-7	National Conference on Higher Education, NEA, Chicago
Mar. 18-20	National Society for Prevention of Blindness, New York
Mar. 19-21	National Science Teachers Assn, NEA, Pittsburgh
Mar. 30-Apr. 2	National Assn of Deans of Women, NEA, Chicago
Apr. 8-11	International Council for Exceptional Children, Boston
Apr. 13-15	American Foundation for the Blind and Perkins Institution, at Perkins.
May 12-16	American Assn on Mental Deficiency, Los Angeles
June 15-18	National Assn of Student Councils, of National Assn of Secondary-School Principals, NEA, Portland, Oregon
June 28-July 3	National Education Assn, Miami Beach

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